

Continuum of Care: Workgroup Meeting Minutes

Meeting Title	Date	Time	Location
RBS/FFA Workgroup meeting	3.5.13	10 am to 3 pm	Auditorium

ROLES AND RESPONSIBILITIES

Role	Name
Co-Chair & Facilitator	Debra Williams / Carroll Schroeder
Co-Chair & Facilitator	Doug Johnson
Project Manager	Vincent Richardson
Scribe/Logistics	Nina Dyba
Technology Professional	Adrian McIntosh

ATTENDEES

X	Name	X	Name
	Adrian McIntosh		Jim Martin
	Brenda Usher		Cora Dixon
	Debra Williams		Kathy Davis
	Rebekah Best		Romelia Fontamillas
	Sheilah Dupuy		Liz Crudo
	Marie Ary		Michael Schertell
	Patric Ashby		Pavin Patel
	Rich Ryba		Thomas Yee
	Doug Johnson		Vince Richardson
	Debra Samples		Jannelle Prasad
	Josef Gray		Paige Swarbrick
	Chris Burns		Dan Maydeck
	Steve Elson		Aaron Goff
	Nina Dyba		Angie Schwartz
	Bill Martone		Fran Bremer
	Gayle Hermann		

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	Agenda Item	Presenter	Time
1	Welcome & Introductions	Debra Williams	10:00-10:05
2	Re-Cap 2/27/13 Steering Committee Meeting	Debra Williams & Carroll Schroeder	10:05-10:35
3	Presentation of Possible Payment Models	Carroll Schroeder	10:30-11:45
4	LUNCH	ALL	11:45-12:30
5	Discuss Pros & Cons of Funding Models and Determine Best Options for California (group discussion and decision)	Carroll Schroeder	12:30-1:45PM
6	Present Information on the Pros and Cons of Current RBS Funding Models	Doug Johnson	1:45-2:30PM
7	Next Steps	Debra Williams & Ellie Jones	2:30-3:00PM

CCR Fiscal Subgroup (RBS)

Roll Call

Review of Agenda

Report out on Steering Committee:

- Discussion on executive committee with Mental Health and Probation participation
- Discussed the Legislative Mandate and process of where each group has been and asked for the Steering committee's reaction to the preliminary recommendations they were given
- Established core services to be adopted: Child and Family Team; Health; Education; Transition services including After Care.
- Report out on FFA workgroup still work in progress: Quality parenting Services
- Accreditation is still being discussed; currently they are considering pro's and con's about whether or not it should be required and how it would affect smaller agencies
- No recommendations on standard assessment: looking at evidence based assessment tools and will provide recommendations later.
- Looked at the fiscal framework principles: Funds required; maximize federal funding; provide incentives for good outcomes; EPSDT for Mental Health payments; claiming to not be burdensome
- Next Steering Committee Meeting is June 27, 2013

Presentation on Payment Models

- Current system is based on placement which includes board and care, support, and services. FFA is driven by staff costs and foster parents. Group home rates are driven by days of care and the number of staff, and their education, on the job training and experience.
- The RCL system is based on staffing; however, under a child centered system the focus would include staff but it would be more toward the services and supports that support the child that drives the costs, not the staffing per se.
- Outcomes are not measured or funded. Only paying for days of care.
- Discussion of FFA Rate Model that includes payment for foster parents and staff, but neither the RCL or FFA model pay for outcomes nor do they really look at the outcomes for the child and family.
- So the question becomes "What do we, as a state system, want to pay for?" Do we want to pay for care, care and supportive services, days of care, and do we want to link what we pay for to outcomes?
- Work on blending EPSDT funding with supportive services for kids and families at the highest level, it is currently silo and needs to be blended to maximize services for youth.
- Every funding model/system will have strengths and weaknesses but we will have to choose one that allows flexibility and ability to adjust as needed to address unintended consequences.
- Question that is yet unanswered: How would the outcomes be measured? Would payment be tied to outcomes? How will these things be paid? In arrears? Paid up front and reconciled? What do we want to create that best meets the needs of the children.

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- Tennessee model, blends EPSDT funding, Title IVE-E funding and Title 19 funding and uses time studies. The process is transparent to the providers
- We need a system that is flexible to respond to the needs of the children
 - Incentive to move kids out of care
 - Flexible enough to address the higher needs kids without penalty
 - Need to consider stability in addition to permanency
 - How is the child and family team paid for?
 - Relatives? How would the services and supports be paid for?
- Discussion of definition of permanency
- Delink placement and permanency
- Discussion of Risk
 - There is a movement towards the managed care model
 - Creates a potential for risk and a potential for reward
 - Full risk, provider takes all of risk and gets all of the returns
 - The greater the risk the greater ability to manage risk and thus the greater the opportunity for reward
 - i.e. SB 193, Wraparound services gains/ returns can be reinvested
- Discussion of various payment models (Flip Chart information)
 - Youth outcomes
 - Performance based contracts (PBC) could be implemented but the unintended consequences might be difficult to handle (not taking higher level kids to meet the contract, only take a few kids that might “cost” more)
 - Discussion of doing a “proper” model without clearly defined outcomes and goals
 - Need to revisit the common values and goals across all three groups

Discussion of funding models:

- Questions to ask are:
 - How will we assess needs/strengths of youth, family and caregiver (assessment tool?)
 - Given the needs and strengths what are we trying to achieve?
 - What services and supports are needed to meet our goals
 - Where and with whom will the youth live?
 - How will we figure out how much it will cost?
 - How will we pay for it so that our goals can be achieved?
- Needs based can be a part of any model
 - A Needs assessment would need to include an assessment of not just the youth but also the family
 - Look at the needs of the entire system—youth may be stable but the family is not.
- Fee For Service
 - Statewide needs assessment would be required
 - Team driven (based on the needs of each youth and family)
 - Most flexible (base rate for food, clothing, shelter and then a menu type structure for support and services)
 - The fee is fixed such as in EPSDT
 - The \$ follows the child (need to address relatives, NFREM’S and Kin)
 - How would the baseline (care and supervision) be valued?
 - Child’s need determine the rate?
 - Claiming is a burden (records difficult to manage)
 - Not as “nimble” in emergency situations (needing 48 hours of care for example to mitigate a difficult situation)
 - Can emphasize a higher needs child incentive (unintended consequence)
 - How do we keep services cohesive in this model?
 - Every child has a team
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- **Cost Reimbursement:**
 - Difficult to predict year to year
 - Limitations are contrary to efficiency
 - Higher unit costs require a lot of bookkeeping
 - Underfund some providers to help others and must meet a CAP
 - Cost reporting is very important—no savings to reinvest
 - Pays for only allowable costs
 - Limited by a cap, a state maximum allowance
 - Need REALLY good data that we do not currently have.
- **Cost Based**
 - Based on last year's expenses
 - Could account for increased costs
- **Per Diem**
 - Current RCL and FFA system
 - Creates the incentive for more days of care the more income
 - Pays for different needs and levels of care
 - Good for 24 hour crisis interventions
 - Quality of Care is not good
 - Paying for liability not quality of care
 - Could model the WRAP model in Milwaukee with blended funding to meet short term needs of a youth and family
 - Tennessee model provides an initial assessment and that determines the level of need and funding and the funding follows the youth
- **Case Rates**
 - Time limit is the cost drivers
 - Difficult to predict
 - If the days of care exceed the contract then the provider pays for the access time
 - Have to be sufficiently funded so that the higher level kids are paid for by the lower level kids
- **Global Case Rates**
 - Rate for a group of youth
 - Can be adjusted for variances in costs geographically
- **Capitation**
 - Useful for a much larger population as in health insurance
 - Spreads the risk and cost over time and individuals
- **Performance Contracts**
 - Can be applied to any payment model
 - Higher payment or incentive for better performance
 - i.e. increased adoption results in increased payment

Next Steps	Date